

**Title:** Increasing Essential Palliative Care Delivery Within an Outpatient Multidisciplinary Amyotrophic Lateral Sclerosis Clinic

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**Problem Statement:** Amyotrophic Lateral Sclerosis (ALS) is an incurable progressive neurodegenerative disease leading to death within 2-5 years. Care delivered in a specialized ALS multidisciplinary clinic (MDC) extends survival and improves quality of life but varies nationwide in implementation, makeup, and palliative care (PC) integration.

**Background:** Early feasibility and descriptive studies integrating Specialty PC visits with ALS MDC demonstrate more focus on ACP, decision-making around care transitions, and psychospiritual concerns than physical symptom management.

**Purpose/Aims:** This quality improvement (QI) project's purpose is to improve primary PC knowledge in ALS MDC team members. Aims are to provide primary PC education and tools to ALS MDC providers, assess completion of ACP documents and hospice referrals.

**Methods:** This QI project focuses on improving the primary PC knowledge of the ALS MDC team with education interventions, participating in interdisciplinary team (IDT) conferences, and educating patients/families about PC during clinic visits. The KPWA ALS MDC team includes Neurology, Pulmonology, and Physical Medicine & Rehabilitation physicians, registered nurse coordinator, Occupational and Physical therapists, Speech Language Pathologist, Nutritionist, Social Worker, and ALS Association representative. SPC provider incorporation with the team occurred during this project. Clinics occur one half-day/month with IDT conference where three 10-minute education interventions with resources were delivered. Feedback was gathered.

**Findings:** Over 18 months (July 2021-January 2023) 35 patients with ALS received MDC care. During that time 17 patients died; 12 received hospice services. Average length of hospice stay was 76 days, range 3-257 days. Overall, 49% and 60% completed durable healthcare power of attorney (DPOA) and POLST forms, respectively. Among patients who died, 53% and 65% completed DPOA and POLST forms, respectively.

**Conclusion:** Educational interventions did less to increase PC delivery than incorporation of SPC provider into the ALS MDC team. Future directions include continued collaboration and hand-offs between ALS and SPC teams.